

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 02/25/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 02/28/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404901	SMOKY MOUNTAIN H/D/SAS	21	1446	DUPLICATE OF CLAIM-SYSTEM				
		8599	333	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	2102	2206	104
		537	131	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404904	WESTERN HIGHLAN DS LME	8505	142	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	27	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	170	172	2
		8565	1	SERVICE EXCEEDS THE ALLOWABLE OF TWO OCCURRENCES PER POP GROUP WITHIN A FISCAL YEAR.				
3404910	PATHWAYS	8599	148	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	120	CLIENT NOT ELIGIBLE ON SERVICE DATE	13	378	4005	3598
		8536	32	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404912	CATAMBA COUNTYM ENTAL HEALT	8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	1	3	368	365
		27	1	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404913	NECKLENBURG COM ENTAL HEALT	8534	445	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		11	211	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1242	6026	4784
		10	165	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404916	CROSSROADS BEHA VIOAL HEAL	8505	41	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		79	35	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	140	4601	4461
		8518	29	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404917	CENTERPOINT HUM AN SERVICES	11	529	CLINT NOT ELIGIBLE ON SERVICE DATE				
		8505	128	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	828	2473	1645
		8536	62	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	662	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	757	1592	835
		21	23	DUPLICATE OF CLAIM-SYSTEM				

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3404920	ALAMANCE CASWEL L AREA MH D	8518	2994	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8505	2401	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	5641	7300	1659
		21	75	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	5312	1723	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		21	1749	DUPLICATE OF CLAIM-SYSTEM	1	6975	10198	3223
		8505	664	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404922	THE DURHAM CENT ER	8505	489	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	209	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	26	808	1771	963
		8800	41	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404923	FIVE COUNTY MH	8536	82	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		79	49	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	275	2761	2486
		8599	38	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	894	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	172	DUPLICATE OF CLAIM-SYSTEM	160	1526	5075	3549
		8935	146	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404926	SOUTHEASTERN RE G MENTAL HL	8518	197	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	54	DUPLICATE OF CLAIM-SYSTEM	25	395	2618	2223
		23	33	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M HC	8505	658	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	52	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	770	995	225
		21	40	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	359	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	362	407	45
3404931	WAKE CO HUM SVC BILLING OF	8599	397	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	135	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	112	1030	10769	9739
		21	96	DUPLICATE OF CLAIM-SYSTEM				

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3404933	SOUTHEASTERN CT R FOR MH/DD	8537	460	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		8000	161	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	1024	6028	5004
		8599	110	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	8599	119	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8535	107	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	336	1225	889
		21	34	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	48	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8534	5	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE P	2	57	463	406
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	21	9	DUPLICATE OF CLAIM-SYSTEM				
		8518	8	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	17	158	141
3404939	NEUSE MENTAL HE ALTH CENTER	3412	372	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		670	24	OTHER DIAGNOSIS CODE 4 IS INVA LID	0	431	737	306
		8654	19	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404941	PITT CO MH/DD/S AS CENTER	21	67	DUPLICATE OF CLAIM-SYSTEM				
		120	10	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	118	1329	1211
		669	10	OTHER DIAGNOSIS CODE 3 IS INVA LID				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	14	SERVICE REQUIRES PRIOR APPROVA L	1	70	142	72
		10	9	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID. DIAGNOSIS, PROCEDURE CODE FOR				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	48	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	45	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	1	168	967	799
		79	44	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

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3404944	EASTPOINTE HUMANA SERVICES	8621	60	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	8	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	87	840	753
		8518	8	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404946	FOOTHILLS AREAMENTAL HEALTH	3746	95	RELATED CODES NOT ALLOWED SAME DATE OF SERVICE.				
		8599	50	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	272	1223	951
		143	38	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404957	TIDELAND MENTAL HEALTH CTR	191	153	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
		8518	29	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	3	222	2368	2146
		21	22	DUPLICATE OF CLAIM-SYSTEM				
3404979	NEW RIVER AREAMH/DD/SA PRO	8518	38	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		11	27	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	113	160	47
		537	19	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				